



CENTRON SECURITY SERVICES

Daily Security Report

Client No.	2036			Client Name	O. H. MATERIALS			Location	10040 SWEGO ST. UTICA, N.Y.			Date	8/29/87											
Facility	Detax Clock	Weapon	Holster	Nightstick	Raiscoat	Flashlight	Other																	
Equipment	N/A	No.	N/A	N/A	1	2	Logbook / 2 Keys / RADIO																	
Officers:	Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.																							
Officer—Day Shift (Name)	Patrick W. Mathena						Officer—Swing Shift (Name)	PAT Bloomquist																
Officer—Grave Shift (Name)							Dick Koposki																	
Shift	8 AM-PM						Shift	400 AM-PM																
Began	8 AM-PM						Began	1200 AM-PM																
Ended	4 AM-PM						Ended	12 AM-PM																
Observations or actions taken	Yes	No	Explanation						Yes	No	Explanation													
Rounds or stations missed		✓								X														
Unlocked doors, gates or windows		✓								X														
Unlocked vaults or safes		✓								X														
Fire-smoke-or hazards		✓								X														
1. Extinguishers missing or defective		✓								X														
2. Sprinkler system defective		✓								X														
3. Fire doors or exits blocked		✓								X														
4. Rubbish accumulation		✓								X														
5. Motors running		✓								X														
6. Lights left burning		✓							X		As Required													
Injury hazards		✓								X														
Visitors		✓								X														
Trespassing		✓								X														
Violation of company rules		✓								X														
Remarks																								
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																								
1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
2. Did you suffer any illness?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
3. Have you reported all accidents coming to your attention?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
Signatures	Day Shift	1.	Patrick W. Mathena						Swing Shift	1.	PAT Bloomquist						Grave Shift	1.	Dick Koposki					
Signatures	Day Shift	2.							Swing Shift	2.							Grave Shift	2.						
Signatures	Day Shift	3.							Swing Shift	3.							Grave Shift	3.						

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